

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER: 09 / 890577 RECEIPT DATE: 08 / 02 / 01
IA NUMBER: PCT/ FR00 / 03083 IA FILING DATE: 11 / 06 / 00
FAMILY NAME: DELAY DELAY WAIVED (Y/N): N
GIVEN NAME: JEAN-PASCAL DEMAND RECEIVED (Y/N): N
PRIORITY CLAIMED (Y/N): Y PRIORITY DATE: 12 / 10 / 99
NO BASIC FEE (Y/N): N US DESIGNATED ONLY (Y/N): N
ATTORNEY DOCKET NUMBER: 65609 COUNTRY:
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CITY: WASHINGTON
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APPLICATION TITLES:
DEVICE FOR MANUAL CONTROL OF A SURGICAL GUIDE

TAB TO LAST POSITION, PUSH SEND



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CONFIRMATION NO. 4707

Bib Data Sheet

SERIAL NUMBER 09/890,577	FILING DATE 08/02/2001 RULE	CLASS 606	GROUP ART UNIT 3732	ATTORNEY DOCKET NO. Q65609
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APPLICANTS

Jean-Pascal Delay, Ecully, FRANCE;

**** CONTINUING DATA *******

THIS APPLICATION IS A 371 OF PCT/FR00/03083 11/06/2000

JF

**** FOREIGN APPLICATIONS *******

FRANCE 99 15 629 12/10/1999 JF

Foreign Priority claimed	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after	FRANCE	4	1	1
Verified and Acknowledged	Allowance Examiner's Signature	Initials			

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TITLE

Manual control device for a surgical guide

FILING FEE RECEIVED 860	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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